

May 17, 2006

Re: MDR #: M2-06-1200-01 **Injured Employee:** _____
DWC #: _____ **DOI:** _____
IRO Cert. #: 5055 **SS#:** _____

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT:
Ins Co of PA/Ward North America
Attention: Roberta Cole
Fax: (915) 533-4999

TREATING DOCTOR:
Robert Urrea, MD
Fax: (915) 881-8082

Dear Mr. ____:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Orthopedic Surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery

prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on May 17, 2006.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

**REVIEWER'S REPORT
M2-06-1200-01**

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

Notification of IRO Assignment:

From Respondent:

Correspondence

Treating MD:

Office Visits 09/16/05 – 04/07/06

Procedures 10/31/05 – 12/21/05

Radiology 09/08/05

Other Treating MD:

Office Visits 08/30/05 – 11/25/05

Clinical History:

The patient is an approximately 35-year-old gentleman who injured his back in _____. This was a lifting injury. Since that time the patient has had pain radiating into his right lower extremity.

Disputed Services:

Lumbar discogram at L3/L4, L4/L5, and L5/S1.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion the treatment in dispute as stated above is not medically necessary in this case.

Rationale:

I read the initial visits on this patient dated 09/16/05 in which the treating physician reports that 10% of the patient's problem is low back pain, and 90% of the patient's problem is right lower extremity radicular pain. He also indicates on that exam date that the patient does have a tension sign that is positive with a straight leg raise test with reduced sensation in the right leg and reduced right Achilles reflex in the right lower extremity. The patient subsequently underwent epidural steroid injection. There are many subsequent visits that continue to document persistent right lower extremity symptoms including 02/24/06. There is also positive straight leg raise test on that day. On 03/14/06 the physician reports right lower extremity radicular pain as well as hyporeflexia of the right Achilles and positive straight leg raise on the right. I have an MRI report dated 09/08/05 as positive for a moderate size right L5/S1 disc protrusion.

Based on this information, certainly I see no indication for lumbar discogram because the treating physician from the initial visit on indicates significant radicular pain, and MRI scan reports a lumbar disc herniation that does fit well with this pain.